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IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Tomeka Barnes  
City of Detroit Transit  
J. Department  
Kim Jones  
Dan Dierks

Case:2:17-cv-10315  
Judge: Cox, Sean F.  
MJ: Patti, Anthony P.  
Filed: 02-01-2017 At 11:34 AM  
CMP BARNES V CITY OF DETROIT TRANSIT DEPARTMENT, ET AL (BG)

Jury Trial:  Yes  No  
(check one)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment Discrimination**

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

|                    |                           |
|--------------------|---------------------------|
| Name               | Tomeka Barnes             |
| Street Address     | 27126 Shiawassee Rd.      |
| City and County    | Southfield Oakland County |
| State and Zip Code | Michigan 48033            |
| Telephone Number   | (313) 915-8942            |
| E-mail Address     | tomekabarnes16@gmail.com  |

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

|                              |                                      |
|------------------------------|--------------------------------------|
| Name                         | city of Detroit (transit department) |
| Job or Title<br>(if known)   | Teo (operator, driver)               |
| Street Address               | 1301 E. Warren                       |
| City and County              | Detroit Wayne                        |
| State and Zip Code           | Mich. 48207                          |
| Telephone Number             |                                      |
| E-mail Address<br>(if known) |                                      |

## Defendant No. 2

|                              |                     |
|------------------------------|---------------------|
| Name                         | Kim Jones           |
| Job or Title<br>(if known)   | operations Director |
| Street Address               | 1301 E. Warren      |
| City and County              | Detroit Wayne       |
| State and Zip Code           | Mich. 48207         |
| Telephone Number             |                     |
| E-mail Address<br>(if known) |                     |

## Defendant No. 3

Name Dan Dierks  
Job or Title (if known) Director  
Street Address E. Warren  
City and County Det. Wayne  
State and Zip Code Mich. 48207  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

## Defendant No. 4

Name \_\_\_\_\_  
Job or Title (if known) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address (if known) \_\_\_\_\_

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (*check all that apply*):

- Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- Other federal law (*specify the federal law*):

- Relevant state law (*specify, if known*):

- Relevant city or county law (*specify, if known*):

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (specify):

I have a disability. I requested from my employer, a reasonable accommodation. I was denied without a good reason. I was then harassed and discriminated against. I was then fired, due to discrimination and retaliation for my disability and request for an accommodation. I believe my sex also lead the employer to target Me and Fire me. I am suing for discrimination and hostile work environment under the ADA (Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

(Female)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

From 2015 through January 2016

C. I believe that defendant(s) (*check one*):

- is/are still committing these acts against me.
- is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- race \_\_\_\_\_
- color \_\_\_\_\_
- gender/sex \_\_\_\_\_
- religion \_\_\_\_\_
- national origin \_\_\_\_\_
- age. My year of birth is \_\_\_\_\_. (Give your year of birth only if you are asserting a claim of age discrimination.)
- disability or perceived disability (specify disability)

E. The facts of my case are as follows. Attach additional pages if needed.

See Section  
III A above

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)
- 

- B. The Equal Employment Opportunity Commission (*check one*):

- has not issued a Notice of Right to Sue letter.  
 issued a Notice of Right to Sue letter, which I received on (date)

*November 7, 2014*

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (*check one*):

- 60 days or more have elapsed.  
 less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. Attach additional pages if needed.

*I want my job back with back pay,  
 and money for emotional harm, and all money  
 I can receive under the laws*

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-1, 2017.

Signature of Plaintiff



Printed Name of Plaintiff

Tomeka Barnes

MIED ProSe 7 (Rev 5/16) Complaint for Employment Discrimination

**Additional Information:**

Rev. 12/12  
The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

|  |  |  |
|--|--|--|
| <b>I. (a) PLAINTIFFS</b>   |  | <b>DEFENDANTS</b>  |
| <b>Tomeka Barnes</b><br><i>27126 Shigawasee Rd.</i><br><i>Southfield MI. 48033</i>           |  | <i>City of Detroit</i><br><i>Transit Department</i><br><i>1301 E. Warren 48207</i>     |
| (b) County of Residence of First Listed Plaintiff<br><i>(EXCEPT IN U.S. PLAINTIFF CASES)</i> |  | County of Residence of First Listed Defendant<br><i>(IN U.S. PLAINTIFF CASES ONLY)</i> |
|  |  | NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.      |
| (c) Attorneys (Firm Name, Address, and Telephone Number)                                     |  | Attorneys ( <i>If Known</i> )  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>II. BASIS OF JURISDICTION</b> <i>(Place an "X" in One Box Only)</i>  |  | <b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> <i>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</i>  |  |  |  |
| <input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 3 Federal Question<br><i>(U.S. Government Not a Party)</i> |  | <input type="checkbox"/> PTF <input checked="" type="checkbox"/> DEF<br>Citizen of This State <input checked="" type="checkbox"/> 1 Incorporated or Principal Place of Business In This State<br><br><input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity<br><i>(Indicate Citizenship of Parties in Item III)</i> |  |  |  |
|   |  | <input type="checkbox"/> PTF <input type="checkbox"/> DEF<br>Citizen of Another State <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State<br><br>Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 Foreign Nation <input type="checkbox"/> 6   |  |  |  |

|  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|--|--|--|--|--|--|---|--|--|--|---|--|--|--|
| <b>IV. NATURE OF SUIT</b> <i>(Place an "X" in One Box Only)</i>  |  |  |  |  |  |   |  |  |  |   |  |  |  |
| <b>CONTRACT</b><br><input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders' Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise |  | <b>TORTS</b><br><b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault, Libel & Slander<br><input type="checkbox"/> 330 Federal Employers' Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><input type="checkbox"/> 362 Personal Injury - Medical Malpractice |  |  |  | <b>FORFEITURE/PENALTY</b><br><b>PERSONAL INJURY</b><br><input type="checkbox"/> 365 Personal Injury - Product Liability<br><input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability  |  | <b>BANKRUPTCY</b><br><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 690 Other  |  | <b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 840 Trademark  |  |  |  |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property   |  | <b>CIVIL RIGHTS</b><br><input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing/ Accommodations<br><input type="checkbox"/> 445 Amer. w/ Disabilities - Employment<br><input type="checkbox"/> 446 Amer. w/ Disabilities - Other<br><input type="checkbox"/> 448 Education  |  |  |  | <b>PRISONER PETITIONS</b><br><b>Habeas Corpus:</b><br><input type="checkbox"/> 463 Alien Detainee<br><input type="checkbox"/> 510 Motions to Vacate Sentence<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><b>Other:</b><br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition<br><input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement |  | <b>SOCIAL SECURITY</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Management Relations<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 751 Family and Medical Leave Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Employee Retirement Income Security Act |  | <b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g)) |  |  |  |
|  |  |  |  |  |  |   |  |  |  | <b>IMMIGRATION</b><br><input type="checkbox"/> 462 Naturalization Application<br><input type="checkbox"/> 465 Other Immigration Actions   |  |  |  |
|  |  |  |  |  |  |   |  |  |  |   |  |  |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>V. ORIGIN</b> <i>(Place an "X" in One Box Only)</i>   |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District <i>(specify)</i> <input type="checkbox"/> 6 Multidistrict Litigation |  |  |  |  |  |  |  |

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:

|                             |  |                               |  |  |  |  |  |
|-----------------------------|--|-------------------------------|--|--|--|--|--|
| <b>VI. CAUSE OF ACTION</b>  |  |                               |  |  |  |  |  |
| Brief description of cause: |  | <i>disability disregarded</i> |  |  |  |  |  |

|                                     |  |   |  |                |  |  |  |
|-------------------------------------|--|---|--|----------------|--|--|--|
| <b>VII. REQUESTED IN COMPLAINT:</b> |  | <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. |  | <b>DEMANDS</b> | <b>CHECK YES only if demanded in Complaint JURY DEMAND</b> |  |  |
|-------------------------------------|--|---|--|----------------|--|--|--|

|                                     |  |                            |  |       |               |  |  |
|-------------------------------------|--|----------------------------|--|-------|---------------|--|--|
| <b>VIII. RELATED CASE(S) IF ANY</b> |  | <i>(See instructions):</i> |  | JUDGE | DOCKET NUMBER |  |  |
|-------------------------------------|--|----------------------------|--|-------|---------------|--|--|

|      |                                 |  |  |  |  |
|------|---------------------------------|--|--|--|--|
| DATE | SIGNATURE OF ATTORNEY OF RECORD |  |  |  |  |
|------|---------------------------------|--|--|--|--|

May 5, 2013

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFF JUDGE MAG. JUDGE

1. Is this a case that has been previously dismissed?

Yes  
 No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

Yes  
 No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

Notes :

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## New Lawsuit Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/>  | Two (2) completed Civil Cover Sheets.   |  |
| <input type="checkbox"/>   | Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.<br><br>3 + 2 = 5 Complaints.<br># of Defendants Total   | Case: 2:17-cv-10315<br>Judge: Cox, Sean F.<br>MJ: Patti, Anthony P.<br>Filed: 02-01-2017 At 11:34 AM<br>CMP BARNES V CITY OF DETROIT TRANSIT DEPARTMENT, ET AL (BG)  |
| <input type="checkbox"/>   | Received by Clerk: 66 Addresses are complete: 86  |  |
| <input type="checkbox"/>   | If any of your defendants are government agencies:<br>Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.   |  |
| <b>If Paying The Filing Fee:</b>   |   | <b>If Asking That The Filing Fee Be Waived:</b>  |
| <input type="checkbox"/>   | Current new civil action filing fee is attached.<br><br>Fees may be paid by check or money order made out to:<br><br>Clerk, U.S. District Court<br><br>Received by Clerk: _____ Receipt #: _____  | <input checked="" type="checkbox"/> Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.<br><br>Received by Clerk: 66   |
| <b>Select the Method of Service you will employ to notify your defendants:</b> |   |  |
| Service via Summons by Self  | Service by U.S. Marshal<br>(Only available if fee is waived)  | Service via Waiver of Summons<br>(U.S. Government cannot be a defendant)   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> Two (2) completed summonses for each defendant including each defendant's name and address.<br><br><input checked="" type="checkbox"/> Two (2) completed USM - 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.<br><br><input checked="" type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form.<br><br>Received by Clerk: 66 | <input type="checkbox"/> You need not submit any forms regarding the Waiver of Summons to the Clerk.<br><br><u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> <li>• One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant.</li> <li>• Two (2) Waiver of the Service of Summons forms per defendant.</li> </ul><br>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants. |

Clerk's Office Use Only

Note any deficiencies here: